

Finished Basement Permitting Package

**PLEASE READ
NEXT PAGE FOR
PERMITTING PROCEDURES**

Finished Basement

Permitting Package

PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

List of Required Documentation

- ☐ Complete the permit application packet in its **entirety** including the Combustion Air Calculation Sheet(s), the Finished Basement Required Information Form, and the Zoning & Health forms.
- ☐ Provide two (2) copies of the proposed building plans drawn to scale of the finished basement in addition to (2) copies of the existing floor plan.
- ☐ The Connecticut 7B Worker's Compensation Form must be completed and notarized if proof of Worker's Compensation isn't provided.
- ☐ If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.
- ☐ Provide a copy of the Connecticut Home Improvement Contractor Registration/License if hiring a contractor.
- ☐ **Permit fees** will be collected by each department separately and to be paid by check or cash only. Checks are made payable to "Town of Newtown."

Procedure to Follow to Submit a Permit Application for Review & Issuance

Only (2) copies of the proposed basement building plans, (2) copies of existing floor plan, and the completed permit application are required for the procedure below.

- ☐ **1st Stop: Health District / (203) 270-4291**
 - Submit completed Health Department Permit Application provided in packet, and pay fee.
 - Present the two (2) copies of the proposed building plans with the (2) copies of the existing floor plan, and the Building Permit Application for signature by a Health Official.
- ☐ **2nd Stop: Land Use Agency / (203) 270-4276**
 - Submit completed Zoning Permit Application provided in the packet, and pay fee.
 - Present the two (2) copies of the proposed building plans with the (2) copies of the existing floor plan, and the Building Permit Application for signature by a Zoning & Conservation Officer.
- ☐ **3rd Stop: Building Department / (203) 270-4260**
 - Submit for review the two (2) department-signed proposed building plans with the (2) copies of the existing floor plan and the department-signed Building Department Permit Application.
 - The Building Department will call the Applicant when the Permit is ready to be issued and paid for. *Once this main permit is paid for, the mechanical permits (HVAC, Electric, Plumbing, etc.) may be pulled. The mechanical permits are issued the same day with payment made by check or cash for each one.*

TOWN OF NEWTOWN BUILDING DEPARTMENT
FINISHED BASEMENT - PERMIT APPLICATION

Permit No.:	Receipt No.:	Date Issued:
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REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION

Health:	Zoning:	Conservation:
Is this structure in the Borough? _____ Is this structure in the Hattertown District? _____		
Is this structure a Historic Building designated by The State Historical Preservation Officer? _____		
Approval Signature of Historic District Representative: _____		
All refunds must be requested within 30 days of permit date if project under this permit is cancelled.		Date: _____
Property Location Street Address: _____		

COMPLETE OWNER'S CONTACT INFORMATION BELOW

Owner's Name as it Appears in Land Records:		Owner's Email:
Owner's Street Address: _____		
Town/City:	State:	Zip Code:
Home Phone Number:	Work Phone Number:	Fax Number:

IF NOT THE OWNER, COMPLETE THE APPLICANT'S CONTACT INFORMATION

If the Applicant is not the Owner, a Letter of Authorization from the Owner will be required to pull this permit.

Applicant's Name:		Applicant's Email:
Street Address: _____		
Town/City:	State:	Zip Code:
Applicant's Phone Number:	Work Phone Number:	Fax Number:

LICENSED CONTRACTOR INFORMATION

If the Contractor is pulling this permit, a Letter of Authorization from the Owner will be required.

Name of Contractor:		Contractor's Email:
Contractor's Business Name: _____		
Street Address: _____		Contractor's Phone Number: _____
Town/City:	State:	Zip Code:
Home Improvement Contractor License Number: _____		HIC Expiration Date: _____

Provide a detailed description of work to be done below:

Will there be a change in use? _____

Was work done without a permit? YES / NO Is the structure within the 100 year flood plain? YES / NO Flood Zone: _____

ESTIMATED CONSTRUCTION COST \$
(Minus Cost of Mechanicals)

ESTIMATED COST OF MECHANICALS

Electrical Cost & Security Alarm Cost:	Heating Cost:	Pump Cost:
Plumbing Cost:	A/C Cost:	Gas/Propane Cost:

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Please fill-in sub-contractor and contact telephone number below.

It is the responsibility of the property owner or the owner's agent to hire contractor(s) licensed by the State of Connecticut for each mechanical trade. The owner or owner's agent is required to get a signed Letter of Authorization by each contractor should the Owner or Owner's Agent be pulling a permit using the contractor's license.

Trade	Name of Sub-Contractor/Company	Telephone #
PLUMBING		
ELECTRICAL		
HEATING & A/C		
PUMP		
L.P. GAS OR NATURAL GAS		
ALARM		
MASONRY		
FIREPLACE INSERT		
OTHER:		

COMPLETE SINGLE-FAMILY RESIDENTIAL HOUSE INFORMATION BELOW

How many bedrooms?		How many rear decks?	
How many bathrooms?		How many front decks?	
Is there a finished basement?		How many side decks?	
Is there a finished bonus room?		Is there a front porch?	
Is there a screened-in porch?		Are there side porches?	
Is there a 3-season room?		Is there a rear porch?	

All applicable information must be filled in or this permit cannot be processed.

I hereby agree to conform to all of the requirements set forth by Connecticut State laws and the State of Connecticut Building Code in addition to the Ordinances of the Town of Newtown and to notify the Building Official of any alteration on the plans or specifications of the building for which this permit is asked. I agree that this building meets Town of Newtown Zoning & Conservation and the Health Department's set backs from all street lines, side yard lines, well(s), septic(s), and the required distances from all other zones and is located in a zone which this building and its use is allowed.

Owner's Signature: _____

Owner's Printed Name: _____

Owner's Agent's Signature: _____

Owner's Agent's Printed Name: _____

Letter of Authorization – Contractor to Sign: *Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement Contractor's License.*

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _____, give _____ permission to obtain
a/an _____ permit using my Contractor's License for work to be done
at property location: _____.

Sincerely,

Date:

Letter of Authorization – Homeowner/Property Owner to Sign: *Homeowner/Property Owner giving authorization to the Contractor permission to pull a permit at the Homeowner's/Property Owner's address of where the permit scope of work will be performed.*

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _____, give _____ permission
to obtain a building permit for a/an _____ permit at my property
location of: _____.

Sincerely,

Date:

TOWN OF NEWTOWN
COMBUSTION AIR REQUIREMENTS
2012 INTERNATIONAL RESIDENTIAL CODE AND NFPA-31

OIL

NFPA 5.2.3: Where buildings are so tight that normal infiltration does not provide sufficient air for combustion, outside air shall be introduced. **(Buildings of unusually tight construction.)**

NOTE: In buildings of **ordinary tightness**, insofar as infiltration is concerned, all or a portion of the combination air for fuel-burning appliances may be obtained from infiltration when the room or space has a volume of **50 cubic feet per 1000 BTU's**, based on the total input rating of all appliances in the space.

NFPA 5.4.2.3: Where communicating with the **outdoors** directly or by means of *vertical ducts*, each opening shall have a free area of not less than **1 square inch per 4,000 BTU's**, based on the total input rating of all appliances in the space. Location 12 inches from the top and 12 inches from the bottom.

NFPA 5.4.2.4: Where communicating with the **outdoors** by means of *horizontal ducts*, each opening shall have a free area of not less than **1 square inch per 2,000 BTU's**, based on the total input rating of all appliances in the space. Location 12 inches from the top and 12 inches from the bottom.

NFPA 5.4.1: All air taken from **inside** the building shall be provided with two permanent openings, one near the top of the space and one near the bottom. Each opening shall have a free area of not less than **1 square inch per 1,000 BTU's**, based on the total input rating of all appliances in the space. Each opening shall communicate with interior area of the building that, in turn, have adequate infiltration from the outside. Location 12 inches from the top and 12 inches from the bottom.

GAS

CHAPTER 24 IRC: Gas Appliances combination air requirements are the same as oil except for one condition. Gas appliances are allowed to have **one-permanent opening method**.

G 2407.6.2: One permanent opening method – One permanent opening, commencing within 12 inches of top of enclosure, shall be provided. The opening shall directly communicate with the outdoors or through a vertical or horizontal duct to the outdoors and shall have a minimum free area of **1 square inch per 3,000 BTU's**, based on the total input rating of all appliances located in the enclosure and not less than the sum of the areas of all vent connectors in the space.

Combustion Air Calculation Forms are to be filled out to be issued a permit for the following:

1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

Example:

2 furnaces at 100,000 BTU	=	200,000 BTU's
1 Water heater at 85,000 BTU	=	<u>85,000 BTU's</u>
Total:		285,000 BTU's

Example: The room is 40' long by 28' wide by 7'6" high.
Total: 8,400 cubic feet

- a.) **Where we get the air for combustion from will determine what size openings are required.**
- b.) **If we are getting the air from an interior space**, we will need **1 square inch for each 1,000 BTU's** of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.
- c.) **If we are getting air directly from the outside through louvers**, we will need **1 square inch for each 4,000 BTU's**. This will require 72 square inches, but the code has set 100 square inches as the minimum size opening for combustion air. Therefore, we will require 2 openings, 100 square inches each located as stated in (b.) above.
- d.) **If we are getting air from the outside through horizontal ducts**, we will require **1 square inch for each 2,000 BTU's**. So for the above example, we will require 2 openings, each opening to be 285 divided by 2 = 143 square inches located as above.

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FINISHED BASEMENT PERMIT APPLICATION - COMPLETE REQUIRED FORM BELOW

What is the finished ceiling height of basement area?
What is the lowest height of any girder, beam, duct, pipe, etc. when finished?
Where are the exits/entrances for this space located?
How many exits for this space?
Are stairs used to enter or exit this space?
What is the minimum headroom at the stairs?
What is the stair tread depth?
What is the stair riser height?
What is the height of the stairway handrails/guardrails?
What is the width of the stairway?
What is the use of the newly created space in the basement?
Fire stopping must be installed at code required locations.
Please show insulation values and locations.
Are there light switches at the top and bottom of all stairs?
Are any bedrooms created in this space?
If there are bedrooms, do any doors from the garage access the bedrooms?
If a bedroom was created, are smoke detectors & egress window(s) shown?
Are smoke detectors shown in basement & D/C smoke detectors shown where required by code in existing house?
How will the finished space of the basement be heated?
Is a bathroom part of this project?
Is a sewage ejector pump required?
How will this area be ventilated?
Are any structural changes being made?
Where are any electrical service panels or sub-panels located?
Are sill plates pressure treated?

Will combustion air be required? If so, the Calculations for Combustion Air form MUST be completed.

OWNER'S NAME:
PROPERTY ADDRESS:
APPLICANT'S PRINTED NAME
APPLICANT'S SIGNATURE:

TOWN OF NEWTOWN - BUILDING DEPARTMENT
CALCULATIONS FOR COMBUSTION AIR

ADDRESS OF PROPERTY: _____

OWNER'S NAME: _____

What is the total combined gross BTU ratings of all appliances located in the boiler room or rooms?

What is the volume of this room?
(Length x Width x Height):

Does the volume equal more than 50 cubic feet for each 1,000 BTU's of combined appliance ratings? If it does, combustion air is NOT required.

If the calculation result for the volume stated above is less than 50 cubic feet for each 1,000 BTU's of combined ratings, combustion air IS required.

How will compliance with combustion air be achieved? Check one below.

a.) Interior air. If interior air, what is the volume of the room the air is being taken from? _____

b.) Air directly from the exterior of the building through screened openings.

c.) Air directly from the outside through horizontal ducts.

What is the calculated size of each opening and the location of each opening?

Opening #1:	Size:	Location:
Opening #2:	Size:	Location:
Opening #3:	Size:	Location:
Opening #4:	Size:	Location:
Opening #5:	Size:	Location:

This completed form MUST be submitted as part of the Finished Basement Permit Application.

I attest that I have done the above-required calculations based on Chapter 17 of the 2003 International Mechanical Code Section of the 2003 International Residential Code.

FORM COMPLETED BY: _____

SIGNATURE

DATE

PRINTED NAME / COMPANY NAME

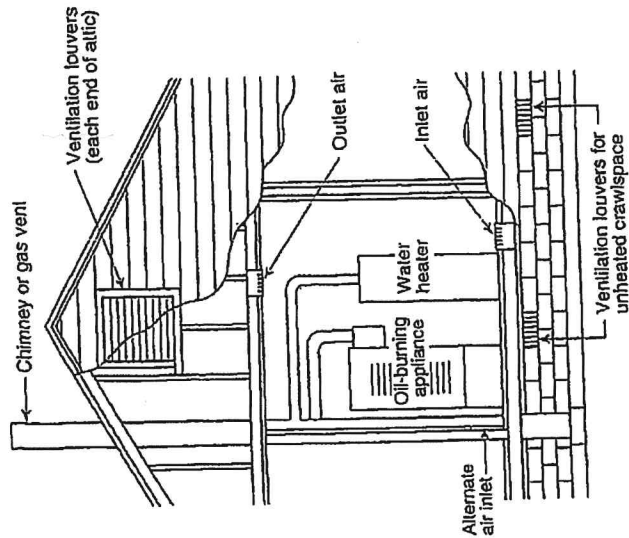


FIGURE 5.4.2.2(c) Appliances Located in Confined Spaces
— All Air from Outdoors, with Inlet Air from Ventilated Crawl Space and Outlet Air to Ventilated Attic.

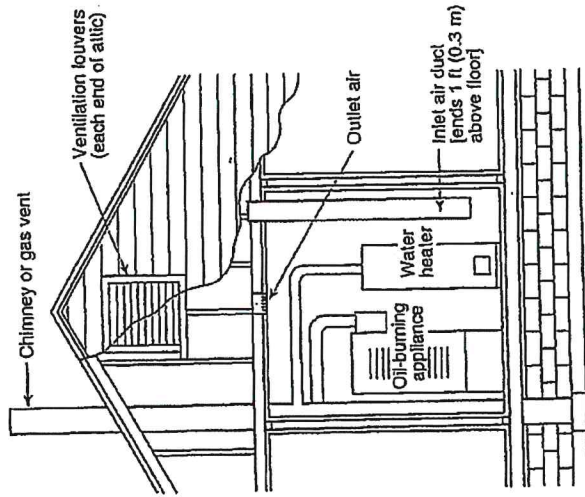


FIGURE 5.4.2.2(b) Appliances Located in Confined Spaces
— All Air from Outdoors Through Ventilated Attic.

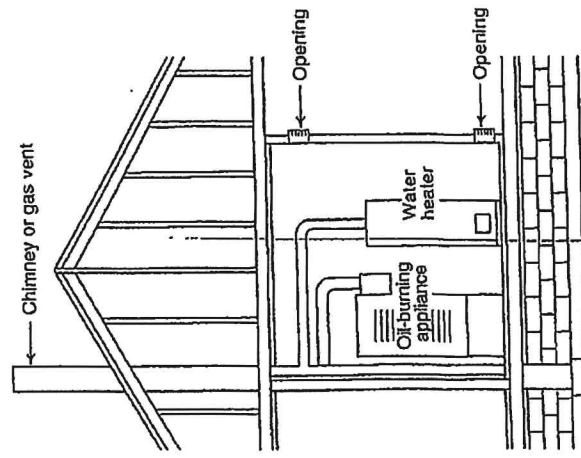
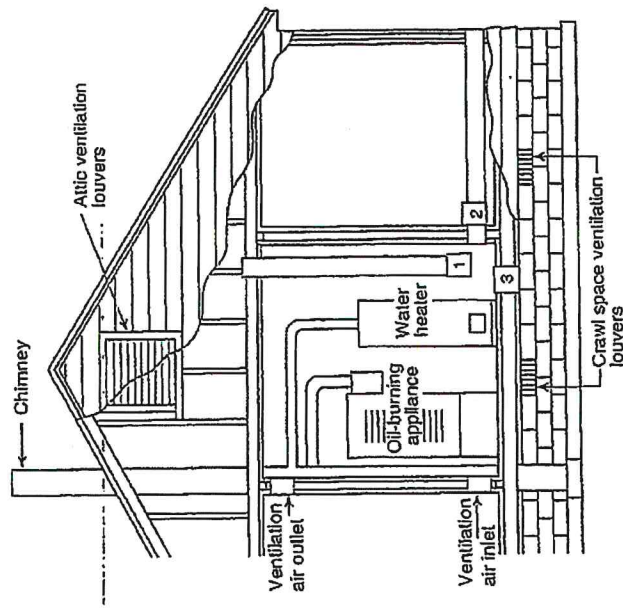


FIGURE 5.4.1.1 Appliances Located in Confined Spaces.
All Air Taken from Inside the Building.



Note: Ducts used for make-up air can be connected to the cold air return of the heating system only if they connect directly to outdoor air.

Provide attic ventilation louvers at each end of attic with alternate air inlet No. 1.

Provide crawl space ventilation louvers for unheated crawl space with alternate air inlet No. 3.

Nos. 1, 2, and 3 mark alternate locations for air from outdoors.

FIGURE 5.4.3.1 Appliances Located in Confined Spaces, with Ventilation Air from Inside Building and Combustion Air from Outside, Ventilated Attic, or Ventilated Crawl Space.

Proudly serving the
towns of Bridgewater,
Newtown and Roxbury



3 Primrose Street
Newtown, CT 06470
P: (203) 270-4291

www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

This is not a Building Permit - A permit from the Building Department is required prior to construction.

Street Address of Proposed Project		Town	
Owner	Phone	Email	
Contractor Name	Phone	Email	
Contractor Address	Town	State	Zip Code
Lot Size	Septic and Well Information Provided:		Yes No

This application must be accompanied by:

- A sketch/drawing showing relative distances to septic systems and wells and a code-complying area, if required
- **A check made payable to Newtown Health District in the amount of:**

FEES: circle appropriate fee:

- | | |
|----------|--|
| \$ 15.00 | Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc. |
| \$ 25.00 | Addition/Structure (requiring foundation/slab) not habitable |
| \$ 50.00 | Additions, habitable space |
| \$ 50.00 | Commercial Building/Space, per 1,000 square feet |
| \$ 25.00 | Commercial Building Fit-out |
| \$ 25.00 | Finished Basement, without potential BR |
| \$ 50.00 | Finished Basement, with potential BR |
| \$100.00 | New Residential/Per Single Family Unit |
| \$ 10.00 | Properties on public sewer |
| \$ 10.00 | Residential Renovations/Change of Use |
| \$ 25.00 | Swimming pool, above ground |
| \$ 50.00 | Swimming pool, in-ground |

Description of Building/Addition/Structure: _____

Owner or Applicant Signature: _____ Date: _____

A letter of Authorization is acceptable in place of Owner's Signature.

Health District Use Only

APPROVED _____ **DENIED** _____ Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Sanitarian: _____ Decision Date: _____



Address for Land Use Files

**TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT**

1. Owner _____

2. Applicant _____

3. Project Address: _____

4. Phone _____

5. Email _____

6. Permit for (Specify use below selection):

a) ____ New Building or Structure

b) ____ Enlarged Building or Structure

c) ____ Structural Alteration (no increase in area)

d) ____ Landscape Work (includes ¼ acre ponds)

e) ____ Change in Use

f) ____ Temporary Use

g) ____ Other Use

Description of Activity: _____

7. Present use of lot (i.e. Single Family Residence)

8. Attached Plans: ____ yes ____ no

____ not necessary

8. Will any topsoil or earth materials other than
topsoil be removed from the lot or onto the
lot? ____ yes ____ no

*I declare under penalties of false statements that
the statements of the foregoing application are
complete and true.*

*This is a decision of a Zoning officer and may be
appealed to Zoning Board of Appeals in accordance
with §8.7 of the CT General Statutes within 15
days.*

Owner/Applicant

Date

ZEO Notes: _____

ZEO Signature

Date

Fee \$ _____ By _____ Date _____